

**COMMUNITY PARTNERSHIP FUNDS**  
**FY'24 Application**

**DUE DATE: 09/25/23 SUBMIT TO: dollycook@jisonashville.gov & latoyatownsend@jisonashville.gov**

<b>Project Name</b>			
<b>Agency/Organization Name</b>			
<b>Programmatic Point of Contact</b>	Name:		
<b>Programmatic Point of Contact Email &amp; Phone</b>	Email:	Phone:	
<b>Fiscal Point of Contact</b>	Name		
<b>Fiscal Point of Contact e-mail &amp; Phone</b>	Email:	Phone:	
<b>Years Applicant has received CPF funds</b>	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
<b>Year(s) Applicant has received Direct Appropriation Funds</b>	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
	Year:	Award Amount:	
<b>Funding left at the end of FY'23 Award (Choose N/A if this the first time applying)</b>	Amount:		
	Reason:		
<b>Funding received from other Metro Sources</b>	Year:	Award Amount:	Metro Dpt.:
	Year:	Award Amount:	Metro Dpt.:
	Year:	Award Amount:	Metro Dpt.:
<b>Type of Proposed Service:</b>	Civil Legal Assistance <input type="checkbox"/> Shelter/Transitional Housing <input type="checkbox"/> Outreach/Marketing <input type="checkbox"/> Other (special one-time project) <input type="checkbox"/>		
<b>Interpersonal Violence Focus (Please specify type)</b>	Domestic/Dating Violence <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Child Abuse <input type="checkbox"/> Human Trafficking Stalking <input type="checkbox"/>		
<b>Funding Amount Requested:</b>			

**Proposed Project Abstract (250-word limit):**

**1. Briefly, describe the primary (overarching) goal of your project.**

**2. List each project goal and the specific activities this project will fund to accomplish each of those goals.**

**3. Describe how you will quantify and measure this project’s success in improving public safety and the well-being of the target population.**

**4. Describe how your agency will ensure these funds only benefit residents of Nashville-Davidson County. Please state how many residents you expect will be impacted by this project in a way that improves their safety and well-being.**

**5. Describe how this project goal will 1) reach underserved and marginalized residents of Nashville & Davidson County and 2) meet an increasingly heightened need.**

**6. Describe the impact on the target population if the requested funds are not awarded.**

**7. Describe collaborative history with the Metro Office of Family Safety.**

**7. In the space below, describe in detail:**

- A. How you will successfully monitor the project's operations, outcomes and budget. Include the name and position of the person(s) with monitoring and oversight responsibility.
- B. Describe how you will ensure funds are used in accordance with the approved proposal.
- C. Please attach a budget to this application. Please be reminded funds cannot be used for printing and mailing of agency materials unless provided to clients served under this grant.

**8. In detail, describe your proposal's timeline to completion. How will funds be spent by June 30, 2024? *Note: The timeline may be a separate attachment.***

